



Section: Appendix – Miscellaneous Information and Forms

9.0 Miscellaneous Information and Forms in Appendix

This Appendix contains relevant information to aid a provider in understanding Medicaid terminology and commonly used provider forms, as listed below. The forms may be copied. Always remember to retain a copy of the original for your records.

The following item may aid you in understanding Medicaid terminology:

- *Glossary and Acronyms*

List of Forms included in this Appendix:

- ***Adjustment/Void Request Form***—Submit if you need an adjustment or to void a payment.
- ***Claim Inquiry Form***—Submit if you have an inquiry about a claim.
- ***Direct Deposit Authorization/Agreement Form***—Submit this form if you need to enroll in Direct Deposit or to change your existing direct deposit information.
- ***Change of Name Form***—Submit if you are changing your name (to and from).
- ***Claim Form Reorder Request Form***—Submit if you need to order claim forms, prior authorization and consent forms.
- ***Change of Address Form***—Submit if you are changing the address where services are rendered to Medicaid beneficiaries or your preferred mailing address.
- ***Trading Partner Service Agreement***—Submit to enroll in Electronic Data Interchange.
- ***TPL EDIT OVERRIDE ATTACHMENT: NO RESPONSE***
- ***Pharmacy Claim Form***—Submit if you are filing a paper claim for pharmacy services.
- **Mississippi Crossover Claim Form Medicare Part A** —Submit if you are filing a Medicare Part C claim (Advantage Plan) for Part A services.
- **Mississippi Crossover Claim Form Medicare Part B**—Submit if you are filing a Medicare Part C claim (Advantage Plan) for Part B services.